

RECEIVED  
CENTRAL FAX CENTER

FEB 03 2006

PTO/SB/122 (04-05)

Approved for use through 07/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                      |                |
|---|----------------------|----------------|
| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS<br/>Application</b><br><br>Address to: Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number   | 10/089,661     |
|   | Filing Date          | March 29, 2002 |
|   | First Named Inventor | Andre TURNBULL |
|   | Art Unit             | 3713           |
|   | Examiner Name        | S. Jones       |
|   | Attorney Docket No.  | 595122001000   |

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number: 25226

OR

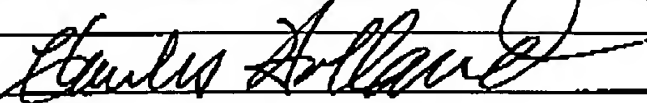
|   |  |       |       |     |
|---|--|-------|-------|-----|
| <input type="checkbox"/> Firm or<br>Individual Name |  |       |       |     |
| Address   |  |       |       |     |
| City  |  | State |       | Zip |
| Country   |  |       |       |     |
| Telephone   |  |       | Email |     |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or agent of record. Registration Number \_\_\_\_\_
- ☒ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number 35,196

Signature

Typed or Printed  
Name

Charles D. Holland

Date

February 3, 2006

Telephone

(650) 813-5832

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

**MORRISON | FOERSTER**755 PAGE MILL ROAD  
PALO ALTO  
CALIFORNIA 94304-1018TELEPHONE: 650.813.5600  
FACSIMILE: 650.494.0792

WWW.MOFO.COM

MORRISON & FOERSTER LLP  
NEW YORK, SAN FRANCISCO,  
LOS ANGELES, PALO ALTO,  
SAN DIEGO, WASHINGTON, D.C.  
DUNN, NORTHERN VIRGINIA,  
GRANGE COUNTY, SACRAMENTO,  
WALNUT CREEK, CENTURY CITY  
TOKYO, LONDON, BEIJING,  
SHANGHAI, HONG KONG,  
SINGAPORE, BRUSSELS**RECEIVED  
CENTRAL FAX CENTE  
FEB 03 2006****To:**

| NAME:  | FACSIMILE:     | TELEPHONE: |
|--|----------------|------------|
| Commissioner for Patents<br>US Patent and Trademark Office | (571) 273-8300 |            |

**FROM:** Chuck Holland**DATE:** February 3, 2006

|                                  |   |
|----------------------------------|---|
| Number of pages with cover page: | 3 |
|----------------------------------|---|

Preparer of this slip has confirmed that facsimile number given is correct: 7122/Kerry Keehan**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

**Comments:**

Attorney Docket No.: 595122001000  
Group Art Unit: 3713  
Examiner: S. Jones  
Application No. 10/089,661  
Filed: March 29, 2002  
Inventor(s): Andre TURNBULL  
Title: MULTIPLE VENUE JACKPOT SYSTEM  
Papers Attached:

1. Transmittal Form (1 page)
2. Change of Correspondence Address Application (1 page)

RECEIVED  
CENTRAL FAX CENTER

FEB 03 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

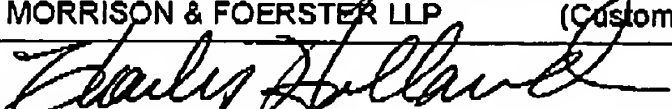
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |   |                        |                |
|---|---|------------------------|----------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |   | Application Number     | 10/089,661     |
|   |   | Filing Date            | March 29, 2002 |
|   |   | First Named Inventor   | Andre TURNBULL |
|   |   | Art Unit               | 3713           |
|   |   | Examiner Name          | S. Jones       |
| Total Number of Pages in This Submission  | 2 | Attorney Docket Number | 595122001000   |

## ENCLOSURES (Check all that apply)

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Facsimile Cover Sheet |
| Remarks   |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP (Customer No. 25226)   |          |        |
| Signature    |  |          |        |
| Printed name | Charles D. Holland   |          |        |
| Date         | February 3, 2006   | Reg. No. | 35,196 |

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: February 3, 2006

Signature:  (Kerry C. Keenan)

pa-1043426